



ZONING BOARD OF APPEALS
TOWN OF WEST HARTFORD
50 SOUTH MAIN STREET
WEST HARTFORD, CT 06107-2431
TEL: (860) 561-7555 FAX: (860) 561-7504
www.westhartfordct.gov

Petition # 01-20

Fee \$ 430.00

ZONING APPLICATION FOR: (check one of the following)

☐ VARIANCE

☒ SPECIAL EXCEPTION

☐ APPEAL RULING OF ZONING
ENFORCEMENT OFFICER

☐ MOTOR VEHICLE DEALER/
REPAIRER LOCATION APPROVAL

LOCATION OF
PROPERTY

526 SOUTH MAIN STREET

EMFIELD ST
(NEAREST CROSS STREET) (LOT #) (ZONING DISTRICT)

APPLICANT SHARON SKLAR, 526 SOUTH MAIN ST
(NAME) (ADDRESS)

860.561.4337
(TELEPHONE #)

SHARONSKLAR1122@GMAIL.COM
(EMAIL)

APPLICANT'S INTEREST IN PROPERTY OWNER

RECORD OWNER OF PROPERTY SHARON SKLAR, 526 SOUTH MAIN ST
(Name) (Address)

DATE OF PROPERTY ACQUIRED BY PRESENT OWNER DEC 1995

DESCRIBE YOUR APPLICATION: Include applicable sections of the Zoning Ordinance. For applications for a VARIANCE, state legal hardship. Attach second sheet, if necessary. This application must be accompanied by the required fee, site plan(s), and any other information required by the Zoning Ordinance, or Rules of the Board.

RENEWAL PM HOME OCCUPATION - HAVE BEEN
DOING BUSINESS HERE SINCE JAN 1996

The undersigned warrants the truth of all statements contained herein and in all supporting documents to the best of his/her knowledge and belief. Furthermore, the applicant agrees that submission of this document constitutes permission and consent to Board and Staff inspections of the site. Note: Notice is hereby given the Connecticut Department of Public Health must be notified by applicants for any project located within a public water supply aquifer protection area or watershed area. (CTDPH website at <http://www.dph.state.ct.us>)

[Signature] 12.26.19
SIGNATURE OF PROPERTY OWNER & DATE
(Also print or type clearly)

U:\SharedDocuments\ZBA\zba-zoningapplication_March2016

[Signature] 12.26.19
SIGNATURE OF APPLICANT & DATE
(Also print or type clearly)

WEST HARTFORD ZONING BOARD OF APPEALS

SPECIAL EXCEPTION (177-49)

INFORMATION SHEET

LOCATION: 526 SOUTH MAIN STREET

APPLICANT: SHAWN SKLAR

TYPE OF SPECIAL EXCEPTION: HOME OCCUPATION FOR THERAPEUTIC

PROPOSED HOURS OF BUSINESS: BODY WORK (ROLFING®)

WEEKDAY HOURS: 8am - 5:30 pm

EVENING HOURS: NO

WEEKEND HOURS: NO

NUMBER OF PARKING SPACES: 2

NUMBER OF EMPLOYEES: 0

LOCATION OF OFFICE AREA FOR BUSINESS OFFICE: THE BOTTOM

FLOOR OF THE HOUSE, STAIRS GO AROUND TO THE BACK
OF THE HOUSE

NUMBER OF CLIENTS PER DAY: 5

ADDITIONAL INFORMATION: RENEWAL - BEEN DOING

BUSINESS HERE SINCE JAN 1996

EMPLOYER'S COPY

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

NAME

SHARON I. SKLAR

VALIDATION NO.

03-709837

LICENSE NO.

000701

CURRENT THROUGH

11/30/20

PROFESSION

MASSAGE THERAPIST

SIGNATURE

COMMISSIONER

**TOWN OF WEST HARTFORD
PUBLIC HEARING****TOWN COUNCIL** _____
TOWN PLAN AND ZONING _____
INLAND WETLANDS & WATERCOURSES _____
ZONING BOARD OF APPEALS X**PUBLIC HEARING DATE** 1/22/2020**PROPERTY ADDRESS OF APPLICATION** 526 South Main Street

This acknowledges receipt of a sign purchased in the Town Planner's Office for a public hearing to be held on the above date and concerning the above location.

In accordance with the West Hartford Zoning Ordinance, effective September 9, 1968, as amended, and the administrative procedures of the Inland Wetlands and Watercourses Agency, I shall post this sign on the property in question continuously for seven (7) days previous to the above hearing date in a conspicuous place that is both perpendicular to and visible from the public street.

I will submit an affidavit at the public hearing stating that said sign has been continuously posted as required by the Zoning Ordinance; otherwise said hearing on this location will be illegal. The sign will be removed from the property no later than three (3) days after the public hearing.

1
**Number of Signs
Received**20.00
Dollar Amount Paid1/6/2020
**Date Sign Was
Received**
Signature of Applicant1 - _____
Applicant's Telephone #